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FACSIMILE TRANSMITTAL COVER SHEET

DATE: 11/28/05 FILE NUMBER: ACM 7711
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I hereby certify that this paper is being facsimile transmitted to
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Typed or printed name of person signing certification


SignatureNovember 28, 2005

Date

Type of paper transmitted: Request for Extension of TimeApplicant's Name: James FoxSerial No.: 10/727,687 Examiner: R. LorenceFiling Date: 12/4/03 Art Unit: 3681 Confirmation No.: 8655Application Title: FRICTION CLUTCH ASSEMBLYIF YOU DO NOT RECEIVE ALL PAGES CLEARLY, CALL BACK AS SOON AS
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ACM 7711
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of James Fox
Serial No. 10/727,687
Filed December 4, 2003
Confirmation No. 8655
For FRICTION CLUTCH ASSEMBLY
Examiner Richard M. Lorence

November 28, 2005

REQUEST FOR EXTENSION OF TIME

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

SIR:

* The Commissioner is hereby authorized to charge the amount of \$60 to Deposit Account No. 19-1345 for extending the time period for responding to the Office action dated July 27, 2005 one month to November 28, 2005. The extension of time in the instant application is being requested for the purpose of establishing copendency with the Divisional patent application being filed today.

The Commissioner is hereby authorized to charge any underpayment or credit any overpayment of fees to Deposit Account No. 19-1345.

Respectfully submitted,



Andrew N. Claerbout, Reg. No. 50,202
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ANC/jmd

By Facsimile: 571-273-8300
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11/29/2005 AKELECH1 00000041 191345 10727687
01 FC:2251 60.00 DA

FEE TRANSMITTAL

Application Number 10/727.687
Filing Date December 4, 2003
Inventor(s) James Fox
Examiner Name Richard M. Lorence
Attorney Docket Number ACM 7711

Art Unit 3681
Confirmation No. 8655

☒ Applicant claims small entity status.

METHOD OF PAYMENT

- ☒ The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 19-1345. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.
- ☐ Check Enclosed. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

FEE CALCULATION

1. ☐ BASIC FILING, SEARCH AND EXAMINATION FEES
(Type: _____) Subtotal (1) \$ _____

2. ☐ EXCESS CLAIM FEES

Total Claims ____ - ____ (HP) = 0 x Fee ____ = \$ 0.00
Indep Claims ____ - ____ (HP) = 0 x Fee ____ = \$ 0.00
Multiple Dependent Claims Fee \$ _____
(HP - highest number of claims paid for)

Subtotal (2) \$ 0.00

3. ☐ APPLICATION SIZE FEE

Total Pages N/A - 100 = NaN ÷ 50 = 0 x \$250 = \$ 0.00
(Application + Drawings) (round up to whole #)

Subtotal (3) \$ 0.00

4. ☒ OTHER FEE(S)

☒ one (1) month extension of time
☐ Information disclosure statement
☐ 37 CFR 1.17(q) processing fee
☐ Non-English specification
☐ Notice of Appeal
☐ Filing a brief in support of appeal
☐ Request for oral hearing
☐ Other: _____

Subtotal (4) \$ 60.00

TOTAL AMOUNT OF PAYMENT \$ 60.00

Andrew N. Claerbout
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